01599

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural life
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural, give location): Route 222

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) William (Last) Anthony

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-18-1890

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Anthony

14. MOTHER'S MAIDEN NAME: Elizabeth L. Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: A.O.Anthony, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocarditis — 43.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Arthritis — 43.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1911, to Feb 24 1952, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: E J Johnson, M.D. (Degree or title) ADDRESS: Port Deposit Md. DATE SIGNED: 2/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-27-1952

NAME OF CEMETERY OR CREMATORY: Asbury

LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Feb 26, 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg.

24. FUNERAL DIRECTOR: Leva Patterson & Son. ADDRESS: Perryville, Md.

RECEIVED
FEB 29 1952
BUREAU V. S.

01600

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (in this place) 2 mo. 10 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walnut

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location) Walnut

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) STEVEN (Last) AMOUR
4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 1952
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-8-1951
9. AGE last birthday 2 mo. yrs. — If under 1 year: Months / Days 4 — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiefs of Staff
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ralph Edward Amour
14. MOTHER'S MAIDEN NAME Cora Alberta Atkinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ralph E Amour, North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Virus Influenza

481X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R.L. Dodson MD. DME — ADDRESS Rising Sun Md. — DATE SIGNED 2/12-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2-13-52 — NAME OF CEMETERY OR CREMATORY Elsinger Methodist — LOCATION (City, town, or county) Rising Sun Rural (State) Md

DATE REC'D BY LOCAL REG. 2-13-52 — REGISTRAR'S SIGNATURE Sarah E. Rothermel — 24. FUNERAL DIRECTOR Joseph R. Grant — ADDRESS North East Md

20V(08) 1 213 405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01601

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 1 Mo 30 Da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 601 P St., NW.

3. NAME OF DECEASED: (First) SAINT (Middle) JOHN (Last) ARTISST

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 21, 1915

9. AGE last birthday: 36 yrs. — IF UNDER 1 YEAR: Months 9, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hunter C. Artisst

14. MOTHER'S MAIDEN NAME: Laura Gaskin — Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Hemorrhagic Pancreatitis — DUE TO

5870 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-30-52 - 2-7-52

19b. MAJOR FINDINGS OF OPERATION: 1. Subtotal gastric resection with anterior Polya gastrojejunostomy. 2. Secondary closure of abdominal wound.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1951, to Feb. 9, 1952, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

By Frank M. Hammond, Chief of Professional Services, VAH, Perry Point, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 2-10-52

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Feb. 11, 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty, act Reg.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son, PENNINGTON & SON, Havre De Grace, Maryland

RECEIVED
FEB 13 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01602

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil, Elkton, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital Elkton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Kent,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 100 Church Street

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) H. Berryman (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 4, (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Aug. 24, 1901 | 9. AGE last birthday: 50 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Kent Co. Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mathew Cann | 14. MOTHER'S MAIDEN NAME: Naomi ~~Cannx~~ Walley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): yes | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	36 hrs.
Antecedent cause(s) 592x — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial nephritis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3rd 1952, to Feb. 4th 1952, that I last saw the deceased alive on Feb. 4, 1952, and that death occurred at 12 mid night m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
H. A. McKnight M.D. 113 Bridge St., Elkton, Maryland.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb. 9, 1952 | NAME OF CEMETERY OR CREMATORY: Quaker Neck Cem. | LOCATION (City, town, or county) (State): Kent. Co. Maryland

DATE REC'D BY LOCAL REG.: Feb 6 | REGISTRAR'S SIGNATURE: F Krieger

24. FUNERAL DIRECTOR | ADDRESS: J. Willis Wells, - Chestertown, Md.

RECEIVED
FEB 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01603

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 268 Mackall St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 268 Mackall St.

3. NAME OF DECEASED (Type or Print) (First) LILLIE (Middle) MAY (Last) BIGGS
4. DATE OF DEATH (Month) Feb (Day) 28 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 7 1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Chamberlin
14. MOTHER'S MAIDEN NAME: Malinda Hessey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. George Marvel 268 Mackall St. Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocarditis — 3 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic hypertensive Cardio vascular disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Octan, 1950, to February 28, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 2:25 P m., from the causes and on the date stated above.

SIGNATURE: Henry V Davis — (Degree or title) MD — ADDRESS: Chesapeake City Md — DATE SIGNED: 3/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 21 1952 — NAME OF CEMETERY OR CREMATORY: Georgetown Cem. — LOCATION (City, town, or county) (State): Georgetown Md.
DATE REC'D BY LOCAL REG.: Mar 5 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Edward Fellows Millington — ADDRESS: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-410

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Bing (Last) Campbell
4. DATE OF DEATH: (Month) Feb. 13 (Day) (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 8, 1863
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Perryville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Campbell
14. MOTHER'S MAIDEN NAME: Mary Foster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mary Campbell Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gangrene of left foot

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1951, to Feb 13, 1952, that I last saw the deceased alive on 2-12, 1952, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE: R. C. Dodson (Degree or title) MD — ADDRESS: Rising Sun Md — DATE SIGNED: 2-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 15, 1952 — NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery — LOCATION (City, town, or county) (State): Near Port Deposit, Md.

DATE REC'D BY LOCAL REG.: Feb 14 — REGISTRAR'S SIGNATURE: F. R. Frazer — 24. FUNERAL DIRECTOR: J. E. Tyson · Rising Sun — ADDRESS: Md.

RECEIVED
FEB 16
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 21 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cambridge
STREET ADDRESS (If rural, give location): RFD#3

3. NAME OF DECEASED: (First) Robert (Middle) C. (Last) CASPER

4. DATE OF DEATH: (Month) (Day) (Year) 2-29-52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-3-87

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Casper

14. MOTHER'S MAIDEN NAME: Margaret Meine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Carcinoma of Liver with Generalized Metastasis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c) DUE TO

155.3

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ——

19b. MAJOR FINDINGS OF OPERATION: ——

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: VA M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1952, to Feb. 29, 1952, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md — DATE SIGNED: March 1, 1952

(DEGREE OR TITLE) ADDRESS

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Mar. 2, 1952 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Cemetery, LOCATION (City, town, or county): Cambridge, Md. (State)

DATE REC'D BY LOCAL REG.: Mar 2, 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1606

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEROY (Middle) (Last) CLARK.
4. DATE OF DEATH (Month) 2. (Day) 18 (Year) 1952
5. SEX M.
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 8-9-1900
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Retired Lab Blind
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Port Deposit Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Thomas Clark.
14. MOTHER'S MAIDEN NAME Hanna. Herod.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Annie Clark Port Deposit Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia Left side

352X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) C. C. Dodson MD DME ADDRESS Rising Sun Md DATE SIGNED 0/18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-22-1952
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Feb 19
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Nil. A. Jefferson & son. ADDRESS Perryville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
FEB 20 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point

LENGTH OF STAY (in this place): 14yr.10mo.17day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Pa. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prospect Park

STREET ADDRESS (If rural, give location): 933 - 7th Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
GERALD		DELYNE	February 27 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	2-18-1893	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	Unknown	Syracuse, New York	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Louis Martin Delyne - Deceased	Blanche Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Epidemic encephalitis, chronic, with psychotic	
083.2	DUE TO reaction, far advanced	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular cerebral accident	
	DUE TO	
	(c) Arteriosclerosis, generalized	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 19 37, to 2-27, 19 52, [redacted] and that death occurred at 11:07 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 2-28-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-27-52	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 28, 1952	Ida M. Daugherty act.	Pennington & Son, Havre de Grace, Md.

RECEIVED
MAR 3 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City
STREET ADDRESS (If rural, give location): Md.

3. NAME OF DECEASED (Type or Print): (First) Happy (Middle) H. (Last) Griffin
4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 18, 1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pt. Carpenter.
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter for Gov.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry H Griffin
14. MOTHER'S MAIDEN NAME: Sarah Hedrick.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Elsie Griffin, Ches. City. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 week

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio vascular disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1942, to Feb. 25, 1952, that I last saw the deceased alive on Feb 25, 1952, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE: Hen M Davis MD (Degree or title) ADDRESS: Chesapeake City Md DATE SIGNED: 2/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb 27/52
NAME OF CEMETERY OR CREMATORY: Bethel
LOCATION (City, town, or county): near Ches. City (State): Md

DATE REC'D BY LOCAL REG.: February 27 1952
REGISTRAR'S SIGNATURE: Mrs Ralph H. Bell
24. FUNERAL DIRECTOR: H W Pippin & Son By H W Pippin
ADDRESS: Elkton Md

RECEIVED
FEB. 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): E. Main St

3. NAME OF DECEASED (Type or Print): (First) MABLE (Middle) K (Last) HINCKLEY

4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/25 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel J. Keys

14. MOTHER'S MAIDEN NAME: Mary Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs J. Walter Spear. Venia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Left Ventricular Failure c̄ Pulmonary Edema	24 hrs
443X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension + Arteriosclerotic disease	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Abdominal Wall Abscess — 2 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Feb, 1952, that I last saw the deceased alive on 2/15, 1952, and that death occurred at 9:55A m., from the causes and on the date stated above.

SIGNATURE: George J. Kneir, Jr. (Degree or title) MD — ADDRESS: Elkton, Md — DATE SIGNED: 2/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/18/52 — NAME OF CEMETERY OR CREMATORY: Elkton — LOCATION (City, town, or county): Elkton (State): Md

DATE REC'D BY LOCAL REG.: Feb 18 — REGISTRAR'S SIGNATURE: F. R. Frazer

24. FUNERAL DIRECTOR: H. W. Pippenson By DHP — ADDRESS: Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 19[illegible]
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point,
LENGTH OF STAY (in this place): 1mo.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 551 - 15th St., N.E.

3. NAME OF DECEASED: (Type or Print) (First): IVEY (Middle): C. (Last): HUNT

4. DATE OF DEATH: (Month) (Day) (Year): February 16 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-8-1893
9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Delivery Man
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Hunt
14. MOTHER'S MAIDEN NAME: May Eaves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of rectum with metastasis, far advanced — INTERVAL BETWEEN ONSET AND DEATH: Unknown

154+

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Jan. 15, 1952, to Feb. 16, 1952, ~~[illegible]~~, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
E. R. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 2-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 2-18-52
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Unknown

DATE REC'D BY LOCAL REG.: Feb. 19, 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
FEB 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01611

Reg. Dist. No. 15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Calvert
LENGTH OF STAY (In this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaylead Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Calvert North East
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) S. (Last) KNOX

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1952

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1-16-71
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life) Retired Newsdealer
10b. KIND OF BUSINESS OR INDUSTRY Newsdealer
11. BIRTHPLACE (State or foreign country) Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No record
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Joseph R Grant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis

443x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1952 to 2-14, 1952, that I last saw the deceased alive on 2-14, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 2-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-18-1952
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) North East Cecil Co (State) Md

DATE REC'D BY LOCAL REG. 2/19/1-2
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY Queens
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Island
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jail	STREET ADDRESS (If rural, give location) 200-08 Linden Bldg
3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Kraemer	4. DATE OF DEATH (Month) Feb. (Day) 9 (Year) 1952
5. SEX M. — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 18-1937 — 9. AGE last birthday Feb 14 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brooklyn N.Y. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Kraemer	14. MOTHER'S MAIDEN NAME Eleanor Treacy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by hanging

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Jail — (CITY OR TOWN) Elkton — (COUNTY) Cecil — (STATE) Md.

TIME OF INJURY (Month) 2 (Day) 9 (Year) 52 (Hour) 1 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Hung Self with belt.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) MD DME — ADDRESS Rising Sun Md — DATE SIGNED 2-12-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF Feb. 13/52 — NAME OF CEMETERY OR CREMATORY New York N.Y. — LOCATION (City, town, or county) New York — (State) N.Y.

DATE REC'D BY LOCAL REG. [illegible] — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR [illegible] — ADDRESS Elkton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FACULTY
FEB 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY Cecil. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) 85 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.	STREET ADDRESS (If rural give location) 139 W. High St

3. NAME OF DECEASED (Type or Print) (First) Hanna (Middle) R. (Last) Lee.

4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1952

5. SEX F. 6. COLOR OR RACE Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sing'l 8. DATE OF BIRTH 3/18/1866 9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Elkton, Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John T. Lee. 14. MOTHER'S MAIDEN NAME Mary Jane Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Lewis Lee, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 day
442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio renal vascular	10 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1935, to Feb 12, 1952, that I last saw the deceased alive on Feb 11, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED Feb 13-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 2/14/52 NAME OF CEMETERY OR CREMATORY Presbyterian LOCATION (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. Feb 14 REGISTRAR'S SIGNATURE F. K. Frazer 24. FUNERAL DIRECTOR H. W. Eppin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 3yr.6mo.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 723 School

3. NAME OF DECEASED (Type or Print): (First) SYLVESTER (Middle) R. (Last) LEWIS

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-8-1890

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Various jobs in Baltimore

11. BIRTHPLACE (State or foreign country): Kalmia, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lewis - Deceased

14. MOTHER'S MAIDEN NAME: Rose Douglass - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 218-07-8630

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis, — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerosis Cerebral, severe, generalized

DUE TO

(c)

332 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29 1948, to 2-20, 19 52, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

C. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 2-25-52

23. BURIAL, CREMATION / REMOVAL (Specify): Removal — DATE THEREOF: 2-25-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. Feb 25, 1952 — REGISTRAR'S SIGNATURE: Lda M Daugherty — 24. FUNERAL DIRECTOR — ADDRESS

Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01615

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del — COUNTY N. C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Newark Del R.D. 3

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (Last) Lusto

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 10 1889

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming owner

10b. KIND OF BUSINESS OR INDUSTRY: Chickens

11. BIRTHPLACE (State or foreign country): Del

12. CITIZEN OF WHAT COUNTRY: U S

13. FATHER'S NAME: Michael Lusto

14. MOTHER'S MAIDEN NAME: Rebecca Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Helen Lusto Newark Del R.D. 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 30 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease — 3 yrs ?

4413 X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Scrotal Hernia — 3 years

19a. DATE OF OPERATION: Feb 19 1952

19b. MAJOR FINDINGS OF OPERATION: Right Inguinal Indirect Hernia

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 20, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Wallace Caldwell M.D. ADDRESS Wallace Court Md DATE SIGNED Feb 22 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 26 — NAME OF CEMETERY OR CREMATORY: Bethlehem — LOCATION (City, town, or county): Glasgow — (State): Del

DATE RECD BY LOCAL REG. Feb 23 — REGISTRAR'S SIGNATURE: L R Frazer

24. FUNERAL DIRECTOR: R. T. Jones — ADDRESS: Newark Md

RECEIVED
FEB
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora-Rural; MARYLAND; LENGTH OF STAY (In this place) 32 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora-Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ENNIE	Virginia	MARTIN	2	24	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Widowed	11-2-1860	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Housewife	Own Home	Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edmond Conray	Melvania Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Ina Lee Snyder, Colora Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

35 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. L. Woodrow M.D. D.M.E.	Rising Sun Md.	2/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-27-1952	Brookview Cem.	Rising Sun Cecil Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-27-1952	L. M. Worthington	J. E. Tyson,	Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 28
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit Rural
LENGTH OF STAY (in this place) 86 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) (Last) McMULLEN

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 25 1865

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Port Deposit.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Gambel Warfield

14. MOTHER'S MAIDEN NAME Sarah Ambry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Robert McMullen. Port Deposit Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr Myocarditis	5 yrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerosis	8 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to Feb 9, 1952, that I last saw the deceased alive on Feb 9, 1952, and that death occurred at 2 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clarence Benson, M.D. ADDRESS Port Deposit Md. DATE SIGNED 2/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 13. 1952

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) near Port Deposit. (State) Md.

DATE REC'D BY LOCAL REG. Feb 11-52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

VS. A14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
FEB 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1320 Monroe Street, N.E.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) L. (Last) MULHALL

4. DATE OF DEATH: (Month) February (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-7-1886

9. AGE Last Birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Plate Printer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Mulhall

14. MOTHER'S MAIDEN NAME: Annie A. Byrnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Sarcoma of the back with metastasis to left buttock and thorax — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

199.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1952, to Feb. 18, 1952 [illegible] and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 2-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 2-18-52

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Feb 19 1952

REGISTRAR'S SIGNATURE: Ida M. Dougherty — not Reg.

FUNERAL DIRECTOR — ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
FEB 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Port Deposit; LENGTH OF STAY (in this place) 86 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit; STREET ADDRESS (If rural, give location) 159 N. Main

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Murray

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/11/1865

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 1 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Port Deposit

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Murray

14. MOTHER'S MAIDEN NAME: Mary Donnelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Ellen Murray Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis (Massive) — INTERVAL BETWEEN ONSET AND DEATH: 2 to 3 hours

DUE TO

Antecedent cause(s) (b) Myocarditis Chronic — 3-4 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

420.1

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from June, 19 50, to Feb 6, 19 52, that I last saw the deceased alive on Feb 5, 19 52, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] M.D. Port Deposit (Cecil) Md 2-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 2/9/52 NAME OF CEMETERY OR CREMATORY Mt. Erin LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Feb 8, 1952 REGISTRAR'S SIGNATURE Ida M Dougherty ad Reg. 24. FUNERAL DIRECTOR ADDRESS Cunningham Funeral Home Havre de Grace

RECEIVED
FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4100 Kennedy Street

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) L. (Last) OTT

4. DATE OF DEATH: (Month) (Day) (Year) February 24 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-27-1898
9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Charleston, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank K. Ott
14. MOTHER'S MAIDEN NAME: Annie Billiman - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 232-10-7404
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 5 days

150 X

Antecedent cause(s) — DUE TO (b) Carcinoma of esophagus with metastasis to liver and stomach

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-, 1952, to 2-24, 1952, ~~[illegible]~~ and that death occurred at 11:10 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 2-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 2-25-52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Feb 26 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg — **24. FUNERAL DIRECTOR** ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
FEB 29 1952
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1621

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 11yr.10mo.3da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unknown

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOSEPH	N.	PALKA	February 11 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	3-1-1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Various jobs - Steel Mill, Iron Mill	Poland	Foreign

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Andrew Palka - Deceased	Katie Filipaak - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial Pneumonia	1 to 2 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Pulmonary Thrombosis	2 days
	DUE TO (c) Arteriosclerosis generalized, moderately severe	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 4-8, 1940, to 2-11, 1952, ~~[illegible]~~ and that death occurred at 12:55 Pm., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 2-13-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-12-52	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG. Feb 13 1952 — REGISTRAR'S SIGNATURE: Ida M Daugherty act Reg. — FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
FEB 15 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4[illegible]

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural LENGTH OF STAY (In this place) no time
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Rural RD I
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALOIS (Middle) I (Last) ROTHENBACHER.
4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1952
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-5-1901
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer hand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? Germany
13. FATHER'S NAME Philip Rothenbacher
14. MOTHER'S MAIDEN NAME Louise Ruhenbach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary Rothenbacher Newark Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occulsion

4[illegible] Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD (Degree or title) D.M.E. ADDRESS Rising Sun Md DATE SIGNED 2-10-52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Feb 13
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) Newark (State) [illegible]
DATE REC'D BY LOCAL REG. Feb 12
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR R. S. Jones ADDRESS Newark, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
FEB 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pilot Town
LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CLEMIE (Middle) (Last) ROWLAND
4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 1952

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-29-1876
9. AGE last birthday 75 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Cecil Co. North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dephas Hartsoe
14. MOTHER'S MAIDEN NAME Rebecca Graybeal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Amos W Rowland, Conowingo Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia Rt side

334 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R C Dodson MD D.M.E. ADDRESS Rising Sun Md DATE SIGNED 2-3-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 6 1952
NAME OF CEMETERY OR CREMATORY Little Britain
LOCATION (City, town, or county) Near Peach Bottom Pa. (State) Lancaster Co.

DATE REC'D BY LOCAL REG. Feb 1952
REGISTRAR'S SIGNATURE L M W Whington
24. FUNERAL DIRECTOR J. Earl Tyson Rising Sun Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 6 1
BUREAU V. S.

Item 9 FilmG139 2/25/52 whw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11024

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural, give location) Cokesbury

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Annie (Last) Smith

4. DATE OF DEATH: (Month) Feb. (Day) 14, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: aged 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Wilmore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hortense E. Johnson, 910 N. Stricker St. Balto 1, d

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cor Myocarditis — 10 yrs

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec-18, 1951, to Feb-14, 1952, that I last saw the deceased alive on Feb-13-, 1952, and that death occurred at 2.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H E Johnson, M.D. — Port Deposit, Md — 2/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-17-1952 — NAME OF CEMETERY OR ~~CREMATORY~~: Cokesbury — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Feb 15 1952 — REGISTRAR'S SIGNATURE: Ida M Daugherty act Reg. — 24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 5; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton RD 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 5; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mancill; (Middle) L; (Last) Smith Sr

4. DATE OF DEATH: (Month) Feb; (Day) 26; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-15-1880

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owned

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Starrett Smith

14. MOTHER'S MAIDEN NAME: Emma Louise Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-18-2865

17. INFORMANT: Mrs Mancill L. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: Acute

291.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Fatal

(c) Cerebral Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

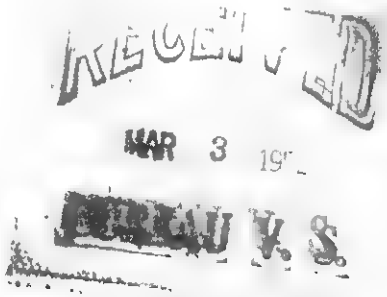
22. I hereby certify that I attended the deceased from June, 1951, to February 26 52, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F.B. Robinson M.D. ADDRESS Oxford Pennsylvania DATE SIGNED Feb 27 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: Mar 1 1952; NAME OF CEMETERY OR CREMATORY: Cherry Hill Meth. Cem; LOCATION (City, town, or county) (State): Cherry Hill Maryland

DATE REC'D BY LOCAL REG.: Feb 29; REGISTRAR'S SIGNATURE: J R Teague

24. FUNERAL DIRECTOR: Joseph R GRINT; ADDRESS


MAR 3

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01626

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fair Hill. LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairhill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hugh (Middle) Curtis (Last) Spence
4. DATE OF DEATH (Month) 2 (Day) 13 (Year) 1952
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-14-1902
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Dairy Inspector
10b. KIND OF BUSINESS OR INDUSTRY Inspect Farms
11. BIRTHPLACE (State or foreign country) Elston R.D. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James P. Spence
14. MOTHER'S MAIDEN NAME Philena Gregg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-07-2651
17. INFORMANT AND ADDRESS Hugh Spence, 141 E Main Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound of head.

176 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Fairhill (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 13 (Year) 52 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Put 410 gun in mouth & pulled Gregg

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide X homicide , undetermined .*

SIGNATURE (Degree or title) C. C. Dodson MD DME
ADDRESS Rising Sun Md
DATE SIGNED 2-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-15-52
NAME OF CEMETERY OR CREMATORY Sharp's
LOCATION (City, town, or county) Fair Hill, Cecil Co. (State) Md.
DATE REC'D BY LOCAL REG. 2-15
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Joseph A. Grant
ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-Al

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City. LENGTH OF STAY (in this place). HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Md. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) E (Last) Thornton

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1952

5. SEX: F. 6. COLOR OR RACE: Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed. 8. DATE OF BIRTH: Nov 18 1878. 9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife. 10b. KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (State or foreign country): Maryland Md. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Cyce. 14. MOTHER'S MAIDEN NAME: Mary Emma Spear.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service). 16. SOCIAL SECURITY No. 17. INFORMANT AND ADDRESS: Sarah Rose Waters, Woodsville Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular renal disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION. 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify). PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 46., to Feb 26, 19 52, that I last saw the deceased alive on Feb 25, 19 52, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. H. L. Jones M.D. Chesapeake city Md 2/26/52.

23. BURIAL, CREMATION REMOVAL (Specify). DATE. NAME OF CEMETERY OR CREMATORY. LOCATION (City, town, or county) (State)

Burial. Feb 28/52. Bethel. New Chesapeake City, Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE. 24. FUNERAL DIRECTOR. ADDRESS.

Feb 27 52. Frank Mervin H. Bell. Stephenson Bros by W. Rigbie. Elkton Md

RECEIVED
FEB 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): Landing Lane

3. NAME OF DECEASED (Type or Print): Robert R. Troxel (First) (Middle) (Last)
4. DATE OF DEATH: Feb 28 1952 (Month) (Day) (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Oct 11, 1907
9. AGE: 44 yrs. at birthday — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Knitting-Mill
10b. KIND OF BUSINESS OR INDUSTRY: Stockings
11. BIRTHPLACE (State or foreign country): Reading - Penn
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Robert D Troxel
14. MOTHER'S MAIDEN NAME: Mary E. Shadd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 161-03-8435
17. INFORMANT AND ADDRESS: Mrs Gladys Troxel Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 days

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1952, to Feb 28, 1952, that I last saw the deceased alive on 2/28 1952, and that death occurred at 11.07 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): V. H. McKnight, M.D. — ADDRESS: Elkton-Maryland — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Cemetery — DATE: 3/3/52 — NAME OF CEMETERY OR CREMATORY: Hemerschitz — LOCATION (City, town, or county) (State): Tuckerton, Pa

DATE REC'D BY LOCAL REG.: Mar 3 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: H W Pippin & Son — ADDRESS: Elkton, Md. by [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. 1

RECEIVED
MAR 4 1952
BUREAU V. S.

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Thomas	Tyson	Feb.	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	April 10 1873	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Banker	Cashier	Colora, Md. Rural	U.S.

13. FATHER'S NAME: Samuel Tyson
14. MOTHER'S MAIDEN NAME: Jane Janney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		21607-8799A	Mrs. Joseph Tyson Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemiplegia Rt Side	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-6, 1952 to 2-14, 1952, that I last saw the deceased alive on 2-14, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. E. Dodson M.D	Rising Sun Md.	2-16-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 18 19[illegible]	West Nottingham	Near Colora, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 16	F K Frazer	J. D. Tyson	Rising Sun, Md.

RECEIVED
FEB 20 19
BUREAU W. S.

Item 9 FilmG140 3/3/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

01630

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton. LENGTH OF STAY (In this place): 1 hr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near North East.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union	STREET ADDRESS (If rural, give location): North East R.D. Md.

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MARIA (Last) WILEN

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3/31/18,77

9. AGE last birthday: 74 ~~76~~ yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Wilen

14. MOTHER'S MAIDEN NAME: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Helen Rolfe - N. East, R.D. 1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right lobar pneumonia	4 days
49 X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	
	(c) Hypertrophic Osteoarthritis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fibromyoma rt. breast.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 15 Feb, 1952, that I last saw the deceased alive on 15 Feb, 1942, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE: Klaus H Huebner (Degree or title) M.D. ADDRESS: North East Md DATE SIGNED: 15 Feb '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 2/19/52 NAME OF CEMETERY OR CREMATORY: Bethel LOCATION (City, town, or county) (State): Near North East Md.

DATE REC'D BY LOCAL REG.: Feb 18 REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR ADDRESS: H. W. Pippin + Son, Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-4

RECEIVED
FEB 20 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01631

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East; LENGTH OF STAY in this place: 31 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East; STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) C (Last) Williams

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-14-1879

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C Fairbairn

14. MOTHER'S MAIDEN NAME: Martha Task

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Harry Fairbairn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	8 hours
260X Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Dilatation of Heart	8 hours
	(c) Diabetes	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): North East (COUNTY): Cecil (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1952, to Feb 9, 1952, that I last saw the deceased alive on Feb 9, 1952, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE: M Lorton Cumbrell (Degree or title): MD ADDRESS: North East Md DATE SIGNED: Feb 11 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2-12-1952; NAME OF CEMETERY OR CREMATORY: Bethel; LOCATION (City, town, or county) (State): Near Chesapeake City Md

DATE REC'D BY LOCAL REG. 2-12-52; REGISTRAR'S SIGNATURE: Sarah C. Rothermel

24. FUNERAL DIRECTOR: Joseph A Grant ADDRESS: North East, Maryland

VS. A15

RECEIVED
FEB 15 1902
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01632

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 4 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location): 116 Bells Lane

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Wilson			4. DATE OF DEATH (Month) (Day) (Year): 2 23 1952	
5. SEX: G	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: 2-23-52	9. AGE last birthday: 0 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min. 3 min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Elkton Md.	12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John Thomas Wesley			14. MOTHER'S MAIDEN NAME: Gladys Roslyn Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Gladys Roslyn Wilson	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature 7 mo or 28 wks

776X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lived 3 minutes after birth

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1952 to 2/23, 1952 that I last saw the deceased alive on 2/23, 1952, and that death occurred at 8:03 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Dodson	MD	Rising Sun Md.	2/23/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 2/25/52	NAME OF CEMETERY OR CREMATORY: Elkton Colored	LOCATION (City, town, or county) (State): Elkton, Md.
DATE REC'D BY LOCAL REG.: Feb 25	REGISTRAR'S SIGNATURE: F. R. Frazer	24. FUNERAL DIRECTOR: H. W. Pippin & Son	ADDRESS: Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

Mr. J. R. Young
Editor

RECEIVED
FEB 26 1952
BUREAU V. S.